

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2						
3	2					
4	2					
5	1					
6						
7						
8	1					
9						
10	1					
11	1					
12	1					
13	1					
14	1					
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48						
49						
50						
TOTAL IND.	3		5			
TOTAL DEP.	13	1	14	1		
TOTAL CLAIMS	16	1	19	1		

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						